Georgia Department of Community Health Reference Guide for DRG Data Validation Sheet June 5, 2006

Cost Report Data

Data elements were selected from the most recent cost report on file at the Department for the applicable fiscal year when DRG information was compiled during CY2005. The status of each report is identified as:

| <u>Status</u> | Description |
|---------------|------------------|
| AF | As Filed |
| AAF | Amended As Filed |
| AU | Audited |
| AAU | Amended Audited |

Cost report data elements were selected from the following sources:

| <u>Item</u> | Source |
|---------------------------|---|
| Buildings & Fixtures Cost | Worksheet A, column 7, lines 1 and 3 |
| Major Moveable | Worksheet A, column 7, lines 2 and 4 |
| Equipment Costs | |
| Total Capital Costs | Sum of prior items |
| Total GME Costs | Worksheet B, columns 22 and 23, line 103 |
| Total Hospital Charges | Worksheet C Part 1, Column 8, line 103 (less |
| | charges for non-hospital services) |
| Total Hospital Costs | Worksheet C Part 1, Column 1, line 103 (less |
| | charges for non-hospital services) |
| Medicaid Inpatient | Worksheet E-3 Part 3, column 1, line 16 (less |
| Charges | outpatient charges) |
| Medicaid Inpatient Costs | Worksheet E-3 Part 3, column 1, line 1 |

Nonallowable Costs Survey

Data elements were selected from the self-reported survey information submitted in CY2006.

Capital Survey Information

Data elements were selected from the self-reported survey information submitted for CY2004 and CY2005.

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DCH Paid Claims Data

Inpatient paid claims data were compiled during CY2005. Summary data regarding charges and number of claims are provided on the data validation sheet, while more detailed claim information, including diagnoses and procedures, will be used to determine statewide payment rates.